

# STATEMENT OF ASSURANCES

## 2007-2008

Form P – Program Assurances

Due: April 30, 2007

**Directions:** This form is to be signed by the applicant agency and all significant partner agencies entering into direct collaboration on the project. Use an additional copy of the Assurances Form if the number of partners exceeds the space provided below.

The applicant partners agree:

1. To conduct activities described herein in accordance with applicable state and federal statutes and regulations, including those concerning non-discrimination, prohibitions against lobbying, suspension, and disbarment, the provision of a gun-free, drug-free and smoke-free work place, and access for persons with disabilities.
2. To use grant funds to supplement and, to the extent possible, increase the level of funds that would have been made available for the purposes described in the Request for Proposals. Grant funds will not be used to supplant services currently provided using state or federal funds nor for construction.
3. To participate in external evaluation of the project's effectiveness as determined by the Department of Education.
4. The applicant assures that private non-profit schools have been invited to participate in planning and implementing the activities of this application when available and relevant to the Even Start Program.
5. To keep such records and provide such information to the Department of Education as reasonably may be required for fiscal audit and program evaluation.
6. To make all requests for budget revisions in writing prior to actual use of funds.
7. To notify the Department of Education of changes in management staff and/or contact person.
8. That all materials produced will include the following statement: (This project) is supported in part by a grant from federal and/or state funds administered by the Iowa Department of Education.
9. To comply with any/all expectations specifically identified and/or described in this Request for Proposal and the federal guidance.

<b>Partner A – Agency/Program Name:</b>
<b>Telephone:</b>
<b>Signature of Head Administrator:</b>
<b>Title:</b>
<b>Date:</b>

<b>Partner B – Agency/Program Name:</b>
<b>Telephone:</b>
<b>Signature of Head Administrator:</b>
<b>Title:</b>
<b>Date:</b>

<b>Partner C – Agency/Program Name:</b>
<b>Telephone:</b>
<b>Signature of Head Administrator:</b>
<b>Title:</b>
<b>Date:</b>

<b>Partner D – Agency/Program Name:</b>
<b>Telephone:</b>
<b>Signature of Head Administrator:</b>
<b>Title:</b>
<b>Date:</b>